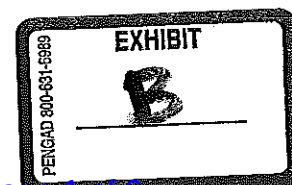


**DR. DALE HALFAKER**



1 range on that score?

2 A. Normal's going to range probably about, say,  
3 40 to 65.

4 Q. All right. And then the clinical scales on  
5 the test?

6 A. Yes.

7 Q. Am I correct that seven of the ten of those  
8 were elevated?

9 A. Yes.

10 Q. Scale 2, is that the depression scale?

11 A. It is.

12 Q. And she was in the 99th percentile; is that  
13 right?

14 A. I think so. She had a T score of 96 which  
15 is quite a ways up there so it wouldn't  
16 surprise me if that's the 99th percentile.

17 Q. That means, correct me if I'm wrong, but  
18 that if you gave this test to whatever group  
19 of people she would be more depressed than  
20 99 of them or 98 of them?

21 A. Right. On the theoretical 100 people basis,  
22 yes.

23 Q. Did you find that to be consistent with what  
24 she told you in her interview?

25 A. I guess what I would say is that I believe

1 she's depressed. It would be surprising by  
2 her presentation to see her being this  
3 depressed with this elevation, but that  
4 doesn't mean that she doesn't perceive  
5 herself as being this depressed. Because  
6 basically we're dealing with a self-report  
7 measure.

8 Q. People who score in that percentile are  
9 people who are institutionalized, aren't  
10 they?

11 A. I don't know if all of them are, but I would  
12 say there would certainly be some people who  
13 would be.

14 Q. Do you have any explanation for the  
15 discrepancy then?

16 A. Like I said, I think she probably perceives  
17 herself as being that depressed. We talked  
18 about the psychological sophistication and  
19 lack of insight. It's very possible that  
20 she perceives herself as being that  
21 depressed but what we see in her actual  
22 functional behavior is that while she's  
23 depressed, she's not depressed to that  
24 degree it does not appear.

25 Q. Does that coupled with anything else in the

1           herself as having a lot of resources, that  
2           she gets depressed easily.

3    Q.   Now, there's a DS-R scale; is that correct?

4    A.   Yes.

5    Q.   What's that for?

6    A.   It's another one of the validity scales.  I  
7           think it's the dissimulation revised scale.  
8           It's the scale for the MMPI-II.

9    Q.   What was her score on that?

10   A.   On DS-R she had a score of 74.

11   Q.   Is that a raw score of 74?

12   A.   That's a T score.

13   Q.   Okay.

14   A.   The raw score was 16.

15   Q.   Okay.  So the raw score was 16?

16   A.   Right.

17   Q.   Was her score within normal limits on that?

18   A.   It was elevated so it was not within normal  
19           limits.

20   Q.   All right.  What, if any, significance did  
21           that have to you?

22   A.   I think if we look at the issue of potential  
23           symptom magnification it would point to  
24           that.  DS-R is actually -- I think it's the  
25           scale that they actually took a group of

1 Q. Now, you state I think on page 58 of your  
2 report that Ms. Hutchison likely has a  
3 long-term history of psychological or  
4 emotional distress that likely began before  
5 she was employed by Mr. Anderson.

6 A. Yes.

7 Q. And you base that upon the fact that she had  
8 the previous history with antidepressants;  
9 correct?

10 A. Right.

11 Q. What else?

12 A. I think -- that's the main thing. I think  
13 when I look at, so to speak, the stressors  
14 that were present prior to this, the loss of  
15 her marriage relationship, which I think a  
16 couple years after that she started using  
17 antidepressants, I think what she described  
18 was the kind of chronic health problems  
19 associated with her father's decline and  
20 ultimate demise, that those two things I  
21 think she had difficulty dealing with in  
22 that period from about 1997 up through 2001  
23 when she started taking the antidepressants.

24 Q. Now, there were some other things in that  
25 time period like her bankruptcy, those kinds

1 whole picture together. I mean, that's  
2 probably a question for the judge, not me,  
3 though.

4 Q. Would you agree with me that the facts are  
5 such that reasonable minds can differ on  
6 that issue?

7 A. I would not disagree with that.

8 Q. All right. Fair enough. Now, were you able  
9 to rule out the possibility of malingering  
10 in this case?

11 A. What I would say in my opinion is I do not  
12 feel that she's malingering. I do think  
13 that there's symptom magnification, but I  
14 don't equate malingering and symptom  
15 magnification.

16 Q. Now, with regard to her pre-existing  
17 depression, does that make the diagnosis of  
18 PTSD more difficult?

19 A. I'm sorry. Ask that again.

20 Q. Does the presence of her pre-existing  
21 depression make the diagnosis of PTSD more  
22 difficult?

23 A. I don't think it makes it more difficult, I  
24 think it makes it more likely because I  
25 think the literature talks to the fact that